U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managern and Budget No. 1215-0188 Expires 11-30-20

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, tines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Hon Office
E	N617206

1. File Number U - 25095

1St Time Filed

3. Name and address of person filing.

Name SAlvatore Simon etti TR

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fisical Year Covered From

1/1/04 Through: 12/31/04

Name Phinbers Local UNION It 29

Ay 10 2005 973 912 0092

4. Name, file number, and address of labor organization.

Labor Organization File Number 0/0063

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street P.O. BOX 412	Street 986 So. Springfield Are			
City Whitehouse	city Springfield			
State VJ ZIP Code + 4 0 8 8 8 8	State WJ ZIP Code + 4 0 9 0 8 /			
5. Position in labor organization. Business Abeut				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Co1e + 4				
Signature				

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

P.O. Box, Bldg., Room No., if any Bireel B30 Bear Thorn Rd City West Traver ZIP Code + 4 08628 Regestration Fees / Cost's Incum Phony Districts April 15.200 April 17 1200 ZIP Code + 4 08628	Name of Person Filing SAlvatore Simon	etti JR. File Number U-
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